Case 12-32669

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B22A (Official Form 22A) (Chapter 7) (12/10)

In re	Trevor \	Trevor Wayne Ireland			
		Debtor(s)			
Case N	lumber:				
		(If known)			

According to the information required to be entered on this statement (check one box as directed in Part I, III, or VI of this statement):

- \square The presumption arises.
- **■** The presumption does not arise.
- \square The presumption is temporarily inapplicable.

CHAPTER 7 STATEMENT OF CURRENT MONTHLY INCOME AND MEANS-TEST CALCULATION

In addition to Schedules I and J, this statement must be completed by every individual chapter 7 debtor. If none of the exclusions in Part I applies, joint debtors may complete one statement only. If any of the exclusions in Part I applies, joint debtors should complete separate statements if they believe this is required by § 707(b)(2)(C).

	Part I. MILITARY AND NON-CONSUMER DEBTORS				
1A	Disabled Veterans. If you are a disabled veteran described in the Declaration in this Part IA, (1) check the box at the beginning of the Declaration, (2) check the box for "The presumption does not arise" at the top of this statement, and (3) complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.				
	□ Declaration of Disabled Veteran. By checking this box, I declare under penalty of perjury that I am a disabled veteran (as defined in 38 U.S.C. § 3741(1)) whose indebtedness occurred primarily during a period in which I was on active duty (as defined in 10 U.S.C. § 101(d)(1)) or while I was performing a homeland defense activity (as defined in 32 U.S.C. §901(1)).				
1B	Non-consumer Debtors. If your debts are not primarily consumer debts, check the box below and complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.				
	☐ Declaration of non-consumer debts. By checking this box, I declare that my debts are not primarily consumer debts.				
	Reservists and National Guard Members; active duty or homeland defense activity. Members of a reserve component of the Armed Forces and members of the National Guard who were called to active duty (as defined in 10 U.S.C. § 101(d)(1)) after September 11, 2001, for a period of at least 90 days, or who have performed homeland defense activity (as defined in 32 U.S.C. § 901(1)) for a period of at least 90 days, are excluded from all forms of means testing during the time of active duty or homeland defense activity and for 540 days thereafter (the "exclusion period"). If you qualify for this temporary exclusion, (1) check the appropriate boxes and complete any required information in the Declaration of Reservists and National Guard Members below, (2) check the box for "The presumption is temporarily inapplicable" at the top of this statement, and (3) complete the verification in Part VIII. During your exclusion period you are not required to complete the balance of this form, but you must complete the form no later than 14 days after the date on which your exclusion period ends, unless the time for filing a motion raising the means test presumption expires in your case before your exclusion period ends.				
1C	□ Declaration of Reservists and National Guard Members. By checking this box and making the appropriate entries below, I declare that I am eligible for a temporary exclusion from means testing because, as a member of a reserve component of the Armed Forces or the National Guard				
	a. □ I was called to active duty after September 11, 2001, for a period of at least 90 days and □ I remain on active duty /or/ □ I was released from active duty on, which is less than 540 days before this bankruptcy case was filed;				
	OR				
	 b. □ I am performing homeland defense activity for a period of at least 90 days /or/ □ I performed homeland defense activity for a period of at least 90 days, terminating on, which is less than 540 days before this bankruptcy case was filed. 				

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		Part II. CALCULATION OF	MON	NTHLY INC	CON	ME FOR § 707(b)(7) E	XCLUSION	
	Mari	tal/filing status. Check the box that applies	and o	complete the ba	lanc	e of this part of this state	emen	t as directed.	
	a. Unmarried. Complete only Column A ("Debtor's Income") for Lines 3-11.								
2	b. Married, not filing jointly, with declaration of separate households. By checking this box, debtor declares under penalty of per "My spouse and I are legally separated under applicable non-bankruptcy law or my spouse and I are living apart other than for the purpose of evading the requirements of § 707(b)(2)(A) of the Bankruptcy Code." Complete only column A ("Debtor's Income for Lines 3-11.						ther than for the		
	c. ☐ Married, not filing jointly, without the declaration of separate households set out in Line 2.b above. ("Debtor's Income") and Column B ("Spouse's Income") for Lines 3-11.						ove. Complete b	oth Column A	
		Married, filing jointly. Complete both Co					'Spo	use's Income'')	for Lines 3-11.
	All figures must reflect average monthly income received from all sources, derived during the six calendar months prior to filing the bankruptcy case, ending on the last day of the month before						Column A	Column B	
		ling. If the amount of monthly income varie						Debtor's	Spouse's
		nonth total by six, and enter the result on the				•		Income	Income
3	Gros	s wages, salary, tips, bonuses, overtime, c	ommi	ssions.			\$	0.00	\$
		ne from the operation of a business, profe							
		the difference in the appropriate column(s)							
		less, profession or farm, enter aggregate num nter a number less than zero. Do not includ							
4		b as a deduction in Part V.	ic uii,	part of the st		ss expenses effected of			
		·		Debtor		Spouse			
	a.	Gross receipts	\$	3,334					
	b.	Ordinary and necessary business expenses	_	680			d.	2 654 00	¢
	C.	Business income		btract Line b fr			\$	2,654.90	D .
	Rents and other real property income. Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 5. Do not enter a number less than zero. Do not include any								
	part of the operating expenses entered on Line b as a deduction in Part V.								
5				Debtor		Spouse			
	a.	Gross receipts	\$.00				
	b.	Ordinary and necessary operating expense			.00		d.	0.00	¢
6	C.	Rent and other real property income	Su	btract Line b fr	OIII I	Line a	\$		
		est, dividends, and royalties.					\$	0.00	
7		ion and retirement income.			_		\$	0.00	\$
		amounts paid by another person or entity nses of the debtor or the debtor's depende							
8		ose. Do not include alimony or separate ma							
	spous	spouse if Column B is completed. Each regular payment should be reported in only one column;					_		_
	_	ayment is listed in Column A, do not report		•			\$	0.00	\$
		nployment compensation. Enter the amoun ever, if you contend that unemployment con							
_		it under the Social Security Act, do not list							
9	or B,	but instead state the amount in the space be	low:						
		imployment compensation claimed to	٠ đ	0.00	C	ouse \$			
	_	benefit under the Social Security Act Deb					\$	0.00	\$
10	domestic terrorism.								
	2		\$	Debtor		Spouse \$	H		
	a. b.		\$			\$			
		and enter on Line 10	, +			1	\$	0.00	\$
		otal of Current Monthly Income for § 707	/(b)/7	Add Lines 2	thru	10 in Column A and it	_	0.00	Ψ
11		mn B is completed, add Lines 3 through 10					\$	2,654.90	\$

12	Total Current Monthly Income for § 707(b)(7). If Column B has been completed, add Line 11, Column A to Line 11, Column B, and enter the total. If Column B has not been completed, enter the amount from Line 11, Column A.		2,654.90
	Part III. APPLICATION OF § 707(b)(7) EXCLUSION		
13	Annualized Current Monthly Income for § 707(b)(7). Multiply the amount from Line 12 by the number 12 and enter the result.	\$	31,858.80
14	Applicable median family income. Enter the median family income for the applicable state and household size. (This information is available by family size at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)		
	a. Enter debtor's state of residence: b. Enter debtor's household size: 1	\$	39,082.00
	Application of Section 707(b)(7). Check the applicable box and proceed as directed.	•	
15	■ The amount on Line 13 is less than or equal to the amount on Line 14. Check the box for "The presumption of top of page 1 of this statement, and complete Part VIII; do not complete Parts IV, V, VI or VII.	loes no	ot arise" at the
	☐ The amount on Line 13 is more than the amount on Line 14. Complete the remaining parts of this statement.		

Complete Parts IV, V, VI, and VII of this statement only if required. (See Line 15.)

Complete Parts IV, V, VI, and VII of this statement only if required. (See Line 15.)						
	Part IV. CALCULA	ATION OF CUR	RRENT	MONTHLY INCOM	ME FOR § 707(b) (2)	2)
16	Enter the amount from Line 12.					\$
Marital adjustment. If you checked the box at Line 2.c, enter on Line 17 the total of any income listed in Line 11, Column B that was NOT paid on a regular basis for the household expenses of the debtor or the debtor's dependents. Specify in the lines below the basis for excluding the Column B income (such as payment of the spouse's tax liability or the spouse's support of persons other than the debtor or the debtor's dependents) and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If you did not check box at Line 2.c, enter zero.						
	a. b. c. d. Total and enter on Line 17			\$ \$ \$ \$		\$
18	Current monthly income for § 70'	7(b)(2). Subtract Lir	ne 17 fro	m Line 16 and enter the resu	ılt.	\$
	Part V. C.	ALCULATION	OF D	EDUCTIONS FROM	INCOME	
	Subpart A: Dec	luctions under Sta	andard	s of the Internal Revenu	e Service (IRS)	
National Standards: food, clothing and other items. Enter in Line 19A the "Total" amount from IRS National Standards for Food, Clothing and Other Items for the applicable number of persons. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) The applicable number of persons is the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.					\$	
19B	National Standards: health care. Enter in Line al below the amount from IRS National Standards for Out-of-Pocket Health Care for persons under 65 years of age, and in Line a2 the IRS National Standards for Out-of-Pocket Health Care for persons 65 years of age or older. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) Enter in Line b1 the applicable number of persons who are under 65 years of age, and enter in Line b2 the applicable number of persons who are 65 years of age or older. (The applicable number of persons in each age category is the number in that category that would currently be allowed as exemptions on your federal income tay return, plus the number of any additional dependents whom					
	Persons under 65 year	rs of age	2	Persons 65 years of age	or older	
	a1. Allowance per person b1. Number of persons c1. Subtotal		a2. b2. c2.	Allowance per person Number of persons		\$
Local Standards: housing and utilities; non-mortgage expenses. Enter the amount of the IRS Housing and Utilities Standards; non-mortgage expenses for the applicable county and family size. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court). The applicable family size consists of the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.				\$		

20B	Local Standards: housing and utilities; mortgage/rent expense. En Housing and Utilities Standards; mortgage/rent expense for your count available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy count the number that would currently be allowed as exemptions on your fed any additional dependents whom you support); enter on Line be the total debts secured by your home, as stated in Line 42; subtract Line be from not enter an amount less than zero. a. IRS Housing and Utilities Standards; mortgage/rental expense be. Average Monthly Payment for any debts secured by your home, if any, as stated in Line 42 c. Net mortgage/rental expense	ty and family size (this information is burt) (the applicable family size consists of deral income tax return, plus the number of al of the Average Monthly Payments for any	\$		
21	Local Standards: housing and utilities; adjustment. If you contend that the process set out in Lines 20A and 20B does not accurately compute the allowance to which you are entitled under the IRS Housing and Utilities Standards, enter any additional amount to which you contend you are entitled, and state the basis for your contention in the space below:				
22A	Local Standards: transportation; vehicle operation/public transport You are entitled to an expense allowance in this category regardless of vehicle and regardless of whether you use public transportation. Check the number of vehicles for which you pay the operating expense included as a contribution to your household expenses in Line 8. □ 0 □ 1 □ 2 or more. If you checked 0, enter on Line 22A the "Public Transportation" amou Transportation. If you checked 1 or 2 or more, enter on Line 22A the "Standards: Transportation for the applicable number of vehicles in the Census Region. (These amounts are available at www.usdoj.gov/ust/ or	\$			
22B	Local Standards: transportation; additional public transportation for a vehicle and also use public transportation, and you contend that you public transportation expenses, enter on Line 22B the "Public Tra Standards: Transportation. (This amount is available at www.usdoj.go.court .)	\$			
23	Local Standards: transportation ownership/lease expense; Vehicle you claim an ownership/lease expense. (You may not claim an owners vehicles.) 1	\$			
24	Local Standards: transportation ownership/lease expense; Vehicle the "2 or more" Box in Line 23. Enter, in Line a below, the "Ownership Costs" for "One Car" from the (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy of Monthly Payments for any debts secured by Vehicle 2, as stated in Line the result in Line 24. Do not enter an amount less than zero. a. IRS Transportation Standards, Ownership Costs Average Monthly Payment for any debts secured by Vehicle b. 2, as stated in Line 42 c. Net ownership/lease expense for Vehicle 2	\$			
25	c. Net ownership/lease expense for Vehicle 2 Subtract Line b from Line a. Other Necessary Expenses: taxes. Enter the total average monthly expense that you actually incur for all federal, state and local taxes, other than real estate and sales taxes, such as income taxes, self employment taxes, social security taxes, and Medicare taxes. Do not include real estate or sales taxes.				

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26	Other Necessary Expenses: involuntary deductions for eductions that are required for your employment, such as Do not include discretionary amounts, such as voluntary	retirement contributions, union dues, and uniform costs.	\$	
27	Other Necessary Expenses: life insurance. Enter total av life insurance for yourself. Do not include premiums for any other form of insurance.	\$		
28	Other Necessary Expenses: court-ordered payments. En pay pursuant to the order of a court or administrative agenci include payments on past due obligations included in Lin	cy, such as spousal or child support payments. Do not	\$	
29	Other Necessary Expenses: education for employment of the total average monthly amount that you actually expend education that is required for a physically or mentally chall providing similar services is available.	for education that is a condition of employment and for	\$	
30	Other Necessary Expenses: childcare. Enter the total avechildcare - such as baby-sitting, day care, nursery and presonant presonant childcare.		\$	
31	Other Necessary Expenses: health care. Enter the total a health care that is required for the health and welfare of you insurance or paid by a health savings account, and that is ir include payments for health insurance or health savings	urself or your dependents, that is not reimbursed by a excess of the amount entered in Line 19B. Do not	\$	
32	Other Necessary Expenses: telecommunication services. Enter the total average monthly amount that you actually pay for telecommunication services other than your basic home telephone and cell phone service - such as pagers, call waiting, caller id, special long distance, or internet service - to the extent necessary for your health and welfare or that of your dependents. Do not include any amount previously deducted.			
33	Total Expenses Allowed under IRS Standards. Enter the	e total of Lines 19 through 32.	\$	
	-	al Living Expense Deductions uses that you have listed in Lines 19-32 uses Account Expenses. List the monthly expenses in		
34	the categories set out in lines a-c below that are reasonably dependents.	necessary for yourself, your spouse, or your		
34	a. Health Insurance	\$		
	b. Disability Insurance	\$		
	c. Health Savings Account	\$	\$	
	Total and enter on Line 34. If you do not actually expend this total amount, state you below: \$	ur actual total average monthly expenditures in the space		
35	Continued contributions to the care of household or fame expenses that you will continue to pay for the reasonable at ill, or disabled member of your household or member of your expenses.	\$		
36	Protection against family violence. Enter the total average reasonably necessary monthly expenses that you actually incurred to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law. The nature of these expenses is required to be kept confidential by the court.			
37	Home energy costs. Enter the total average monthly amount, in excess of the allowance specified by IRS Local Standards for Housing and Utilities, that you actually expend for home energy costs. You must provide your case trustee with documentation of your actual expenses, and you must demonstrate that the additional amount claimed is reasonable and necessary.			
38	Education expenses for dependent children less than 18. actually incur, not to exceed \$147.92* per child, for attenda school by your dependent children less than 18 years of age documentation of your actual expenses, and you must expenses and you must expenses and you must expenses and you must expenses are accessary and not already accounted for in the IRS Standards.	ance at a private or public elementary or secondary e. You must provide your case trustee with explain why the amount claimed is reasonable and	\$	

^{*} Amount subject to adjustment on 4/01/13, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

39	Additional food and clothing expense. Enter the total average monthly amount by which your food and clothing expenses exceed the combined allowances for food and clothing (apparel and services) in the IRS National Standards, not to exceed 5% of those combined allowances. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) You must demonstrate that the additional amount claimed is reasonable and necessary.					\$	
40			Enter the amount that you will conting ganization as defined in 26 U.S.C. § 1			e form of cash or	\$
41	Tota	l Additional Expense Deduction	s under § 707(b). Enter the total of L	Lines	34 through 40		\$
		S	ubpart C: Deductions for De	bt I	Payment		
42	Future payments on secured claims. For each of your debts that is secured by an interest in property that you own, list the name of the creditor, identify the property securing the debt, and state the Average Monthly Payment, and check whether the payment includes taxes or insurance. The Average Monthly Payment is the total of all amounts scheduled as contractually due to each Secured Creditor in the 60 months following the filing of the bankruptcy case, divided by 60. If necessary, list additional entries on a separate page. Enter the total of the Average Monthly Payments on Line 42.						
		Name of Creditor	Property Securing the Debt		Average Monthly Payment	Does payment include taxes or insurance?	
	a.			\$		□yes □no	
					Γotal: Add Lines		\$
43	Other payments on secured claims. If any of debts listed in Line 42 are secured by your primary residence, a motor vehicle, or other property necessary for your support or the support of your dependents, you may include in your deduction 1/60th of any amount (the "cure amount") that you must pay the creditor in addition to the payments listed in Line 42, in order to maintain possession of the property. The cure amount would include any sums in default that must be paid in order to avoid repossession or foreclosure. List and total any such amounts in the following chart. If necessary, list additional entries on a separate page. Name of Creditor Property Securing the Debt 1/60th of the Cure Amount						
	a.		and the second s		\$		
44	not include current obligations, such as those set out in Line 28.					\$	
			If you are eligible to file a case under the amount in line b, and enter the res				
45	a. b.	issued by the Executive Office	trict as determined under schedules e for United States Trustees. (This w.usdoj.gov/ust/ or from the clerk of	x To	tal: Multiply Line	es a and b	\$
46	Tota	l Deductions for Debt Payment.	Enter the total of Lines 42 through 45	5.			\$
		St	ubpart D: Total Deductions f	ron	Income		
47	7 Total of all deductions allowed under § 707(b)(2). Enter the total of Lines 33, 41, and 46.				\$		
		Part VI. DE	TERMINATION OF § 707(t	o)(2) PRESUMP	ΓΙΟΝ	
48	Ente	r the amount from Line 18 (Cur	rent monthly income for § 707(b)(2)))			\$
49	Ente	r the amount from Line 47 (Total	al of all deductions allowed under §	707	(b)(2))		\$
50	Mon	thly disposable income under §	707(b)(2). Subtract Line 49 from Line	e 48	and enter the resu	ılt.	\$
51	60-n		707(b)(2). Multiply the amount in Li	ine 5	0 by the number	60 and enter the	\$

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	 Initial presumption determination. Check the applicable box and proceed as directed. ☐ The amount on Line 51 is less than \$7,025*. Check the box for "The presumption does not arise" at the top of page 1 of this 				
statement, and complete the verification in Part VIII. Do not complete the remainder of Part VI. The amount set forth on Line 51 is more than \$11,725* Check the box for "The presumption arises" at the top of page 1 o statement, and complete the verification in Part VIII. You may also complete Part VII. Do not complete the remainder of Part VIII.					
	☐ The amount on Line 51 is at least \$7,025*, but not more than \$11,725*. Co	omplete the remainder of Part VI (Lines 53 through 55).		
53	Enter the amount of your total non-priority unsecured debt		\$		
54	Threshold debt payment amount. Multiply the amount in Line 53 by the number	er 0.25 and enter the result.	\$		
	Secondary presumption determination. Check the applicable box and proceed a	as directed.			
55	☐ The amount on Line 51 is less than the amount on Line 54. Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete the verification in Part VIII.				
	☐ The amount on Line 51 is equal to or greater than the amount on Line 54. of page 1 of this statement, and complete the verification in Part VIII. You may a		ion arises" at the top		
	Part VII. ADDITIONAL EXPENSE	CLAIMS			
56	Other Expenses. List and describe any monthly expenses, not otherwise stated in you and your family and that you contend should be an additional deduction from 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page. All freach item. Total the expenses.	your current monthly income un	der §		
	Expense Description	Monthly Amor	ant		
	a.	\$			
	b.	\$			
	c.	\$			
	d.	\$			
	Total: Add Lines a, b, c, and d	\$	<u></u>		
	Part VIII. VERIFICATION	1			
	I declare under penalty of perjury that the information provided in this statement must sign.)	is true and correct. (If this is a join	nt case, both debtors		
57	Date: November 26, 2012 Signature: // // // // // // // // // // // // //				

^{*} Amounts are subject to adjustment on 4/01/13, and every three years thereafter with respect to cases commenced on or after the date of adjustment.